



May 18, 2016

U.S. Environmental Protection Agency, Region VI
Chief, Water Enforcement Branch (6EN-W)
Compliance Assurance and Enforcement Division
1445 Ross Avenue
Dallas, TX 75202-2733

Via U.S. Certified Mail
RRR #7014 2120 0003 4067 6681

U.S. Environmental Protection Agency, Region VI
Attn: Ms. Judy Edelbrock (6EN-W)
Environmental Protection Specialist
Enforcement Branch
1445 Ross Avenue
Dallas, TX 75202-2733

Via U.S. Certified Mail
RRR #7014 2120 0003 4067 6681

Re: DOJ Case No. [90-5-1-1-09215]

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for April 2016 is attached and is provided in compliance with Consent Decree requirements.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby", is written over the word "Sincerely,".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated



May 18, 2016

U.S. Department of Justice
Environmental Enforcement Section
Environment and Natural Resources Division
P.O. Box 7611
Washington, D.C. 20044-7611

Via U.S. Certified Mail
RRR# 7014 2120 0003 4067 6674

Re: DOJ Case No. [90-5-1-1-09215]

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: APRIL 2016

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		1252556	4/18/2016	Lombrano St	1235	35,750	I/I				
							Diluted By Heavy Rainwater	2.38	0:00	Creek Bed-Spilled Into Alazan Creek	Monitored Area
Total Events: 1					Total Gallons:	35,750	Average Duration:	2.38	0.00	Average Response	

Wednesday, May 04, 2016

Note: Comments reflect status reported on the 5-Day report

OVERFLOW REPORT

PERIOD: APRIL 2016

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments		
1272609		1267646	4/30/2016	Holbrook	700	91,750	/I/	Diluted By Heavy Rainwater	6.12	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.	
		1260820	4/25/2016	Briarglen	4006	15,750	Other	Diluted By Rainwater	1.75	0.00	Creek Bed - Spilled Into Salado Creek	Repaired Bypass Line	
409131		1257999	4/24/2016	Candlepass Dr	3419	100	Grease	Unstopped Main	1.13	0.97	Drainage Culvert	Area Cleaned and Disinfected.	
		1261247	4/22/2016	Briarglen	4006	6,000	Other	Repaired Pump	2.00	0.00	Creek Bed - Spilled Into Bellet Creek	Area Cleaned and Disinfected, Returned Pump To Service	
409161		1257942	4/22/2016	Allen Chase	11	300	Grease	Unstopped Main	1.05	0.55	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
		1258495	4/21/2016	Highcliff Dr	3930	9,000	/I/	Diluted By Heavy Rainwater	0.50	0.00	Creek Bed - Spilled Into Bellet Creek	15" Sewer Main, Monitored Area	
		1257291	4/21/2016	Holbrook	700	503,100	/I/	The Area Will Be Cleaned And Disinfected After The Area Is Accessible	7.80	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.	
1272609		1257288	4/21/2016	Highcliff Dr	3626	13,000	/I/	Diluted By Heavy Rainwater	4.33	0.33	Creek Bed - Spilled Into Salado Creek	8" Sewer Main, Monitored Area	
		1253683	4/19/2016	Highcliff Dr	3930	265,800	Structural	Repaired Main	14.77	3.93	Creek Bed - Spilled Into Salado Creek	Saws Has Hired A Contractor To Replace Segments Of The 15-inch Sewer Main.	
		408791	1253436	4/18/2016	Blanco Rd	12042	20	Debris	Unstopped Main	1.28	0.12	Stormdrain - Over The Edwards Aulifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
			1252413	4/18/2016	Holbrook	700	347,100	/I/	The Area Will Be Cleaned And Disinfected After The Area Is Accessible	14.83	0.00	Creek Bed - Spilled Into Salado Creek	48 Inch Main, Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.

	1253151	4/18/2016	Entrance Rd Ne	10800	78,000	/l		Diluted By Heavy Rainwater	8.67	0.00	Creek Bed - Spilled Into Salado Creek	Saws Is In The Process Of Awarding An Engineering Contract To Design A Project To Provide More Capacity To This Sewer Main
	1252850	4/18/2016	Entrance Rd Ne	10800	6,650	/l		Diluted By Heavy Rainwater	2.22	0.00	Creek Bed - Spilled Into Mud Creek	Saws Is In The Process Of Awarding An Engineering Contract To Design A Project To Provide More Capacity To This Sewer Main
	408366	1250115	4/14/2016	Perrin Betel	8629	1,125	Grease	Unstopped Main	0.75	0.33	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	408355	1249760	4/14/2016	Bitters Rd W	1107	65	Grease	Unstopped Main	1.08	0.57	Ground - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
		1247262	4/12/2016	Holbrook	700	30,000	/l	The Area Will Be Cleaned And Disinfected After The Area Is Accessible	3.80	2.80	Creek Bed - Spilled Into Salado Creek	48 Inch. Main Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.
	407927	1243582	4/10/2016	Akin Song	5931	100	Grease	Unstopped Main	2.05	1.55	Street - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, Flushed Area with H2O
	407510	1237607	4/5/2016	Candlebrook Ln	3509	2,664	Debris	Unstopped Main	2.10	0.43	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	18											
					Total Gallons:	1,370,524			Average Duration:	4.24		Average Response

Wednesday, May 04, 2016

Note: Comments reflect status reported on the 5-Day report

OVERFLOW REPORT

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
Total Events:											
Total Gallons:											
Average Duration:											
Average Response											

Wednesday, May 04, 2016

Note: Comments reflect status reported on the 5-Day report

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/Day	GRAB
00300 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	6.6	MINIMUM	*****	*****	0	1/Day	GRAB
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1898	*****	2.5	MAXIMUM	*****	*****	0	1/Day	COMPOS
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	12510	*****	12	DAILY AV	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	193	*****	0.25	DAILY AV	*****	*****	0	1/Day	COMPOS
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	2085	*****	2	DAILY AV	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	91	*****	117	DAILY AV	*****	*****	0	Continuous	TOTALZ
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	*****	117	DAILY AV	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	108333	DAILY MX	*****	*****	0	Continuous	TOTALZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	173611	DAILY MX	*****	*****	0	Monthly	TOTALZ
See Comments	SAMPLE MEASUREMENT	*****	*****	2HR PEAK	DAILY MX	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88	*****	*****	DAILY MX	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125	*****	*****	DAILY MX	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Parviz Chavol Sr. Dir
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]
 21023333239
 AREA Code NUMBER MM/DD/YYYY

TELEPHONE DATE
 21023333239 5/17/2016

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ANNUAL AVERAGE FLOW SHALL NOT EXCEED 125 MGD. SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	*****	*****	0.040	mg/L	0	1/Day	GRAB
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	INST MAX	*****	0	Daily	GRAB
Chlorine, total residual	*****	*****	*****	1.1	*****	*****	*****	0	1/Day	GRAB
50060 B 0 Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
E. coli	*****	*****	*****	*****	*****	*****	*****	0	5/week	GRAB
51040 I 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	*****	*****	0	1/Day	COMPOS
80082 I 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			2102333239	04/17/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ANNUAL AVERAGE FLOW SHALL NOT EXCEED 125 MGD. SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00300 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
pH	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Nitrogen, ammonia total [as N]	*****	*****	*****	*****	*****	*****	*****	0	1/Day	COMPOS
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	*****	*****	*****	*****	*****	0	Monthly	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Continuous	GRAB
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol Sr. Dir	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			2102333239	5/17/2016
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

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SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	1.1	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	1.5	*****	*****	0	5/week	GRAB	
51040 I 0 Effluent Gross	*****	*****	*****	63	DAILY AV	399	0	Three per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	2.0	DAILY AV	3.0	0	Daily	COMPOS	
80082 I 0 Effluent Gross	*****	*****	*****	834	DAILY AV	10	25	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			21023333239	05/11/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 003
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	4	MO MIN	*****			Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6	MINIMUM	*****			Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	1251	*****	Ib/d	*****	15	DAILY AV	40		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	167	*****	Ib/d	*****	2	DAILY AV	7		Daily	COMPOS
Flow, In conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****			*****				
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	Req. Mon. DAILY AV	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, In conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****			*****				
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT	10	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****			*****				
50060 A 0 Disinfection, Process Complete	PERMIT MEASUREMENT	*****	*****	*****			*****	1		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	4/5/17/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD,
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 003
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT		
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 B 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	*****	*****
E. coli	*****	*****	*****	*****	*****	*****	*****	*****	*****
51040 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	*****	*****	*****	*****
80082 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol Sr. Dir	TELEPHONE	2102333239	DATE	05/17/2016
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY	
<p>Comments and explanation of any violations (Reference all attachments here) SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36. NO DISCHARGE</p>					
<p>Signature of Principal Executive Officer or Authorized Agent</p> 					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 004
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	6.5	MINIMUM	*****	*****	0	1/day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	9	MAXIMUM	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/Day	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375	DAILY AV	*****	*****	15	DAILY AV	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	40	DAILY MX	0	1/Day	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50	DAILY AV	*****	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	DAILY AV	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3	ANNL AVG	*****	*****	*****	*****	0	Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	1	INST MAX	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol Sr. Dir

TELEPHONE: 2102333239 DATE: 05/17/2016

AREA Code: NUMBER: MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2016

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
DOMESTIC FACILITY - 004
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	0	5/week		
51040 1 0 Effluent Gross	*****	*****	*****	*****	63	399	0	Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	DAILY AV	DAILY MX	0	1/Day		
80082 1 0 Effluent Gross	*****	*****	*****	*****	250	25	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir					2102333239	05/17/2016
TYPED OR PRINTED					AREA CODE	MM/DD/YYYY
					NUMBER	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 005
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00300 1 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
pH	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00400 1 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
00530 1 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
Nitrogen, ammonia total [as N]	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
00610 1 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
50050 1 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
50050 Y 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Effluent Gross (Supplementary)	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
50060 A 0	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS
Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	1/day	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT NUMBER	DISCHARGE NUMBER
Parviz Chavol Sr. Dir	TX0077801	005-A
TYPED OR PRINTED	MONITORING PERIOD	DISCHARGE PERIOD
	MM/DD/YYYY	MM/DD/YYYY
	04/01/2016	04/30/2016
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.	 _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	AREA Code	NUMBER
	210	2333239
DATE	MM/DD/YYYY	
	05/17/2016	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
DOMESTIC FACILITY - 005
External Outfall
No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Chlorine, total residual	*****	*****	*****	1.1	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	1.5	*****	80	0	5/week		
51040 I 0 Effluent Gross	*****	*****	*****	63	DAILY AV	399		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	2.0	DAILY AV	DAILY MX	0	1/Day		
80082 I 0 Effluent Gross	*****	*****	*****	10	DAILY AV	25		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	5/17/2016
TYPED OR PRINTED	AREA CODE	NUMBER
	2102333239	2102333239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 006
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****	Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	MINIMUM	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15	DAILY AV	*****	Daily	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	40	DAILY MX	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7	DAILY MX	*****	Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	2	DAILY AV	*****			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Continuous	TOTALZ	
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	Monthly	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	5/11/2016
TYPED OR PRINTED	AREA Code	NUMBER
	2102	333239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	
	5/11/2016	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 006
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
51040 I 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
80082 I 0 Effluent Gross	PERMIT MEASUREMENT	3836	DAILY AV	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			2102333239	4/17/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
DOMESTIC WASTEWATER - 101
Internal Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	MEASUREMENT	5.2	7.6	MCD	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MCD	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.7	*****	MCD	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MCD	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir					2102333239	5/17/2016
TYPED OR PRINTED					AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
TOTAL DISCHARGE - 001 & 101
Internal Outfall
No Discharge

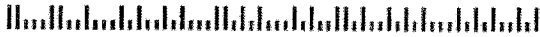
PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. DAILY AV	VALUE	UNITS	REQ. MON. DAILY MX			
Flow, in conduit or thru treatment plant	96			Req. Mon. DAILY AV	*****	*****	*****	0	Continuous	TOTALZ
50050 I 0 Effluent Gross				Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	94			*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)		125	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir					21023333239	05/17/2016
TYPED OR PRINTED					AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-033	02	16	04	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		5	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0.82	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		0.05	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0 08	10	12-PRT-COM
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		1.3	NTU	0 08	10	12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		16 05 17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Sr. Director		16 05 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-033	02	16	04	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0	0			
					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED					
					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED					
					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0042725	0	01		NA
					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	161022	0	01		NA
					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	0	01		NA
					01	01	NA NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		11/6/05 17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/05 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087

MONTHLY EFFLUENT REPORT



SAN ANTONIO WATER SYSTEM
 3495 VALLEY RD
 SAN ANTONIO TX 78221-5238



40B	WQ0010137-033	02	16	04	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MONITORING for 001/800/900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED				
500507124 FLOW DLY AVG	96		0	02		11
					CONT	CONT
500507128 FLOW ANN AVG	94		0	02		11
					CONT	CONT
NUMBER OF OPERATOR CERTIFICATE	WW0042725		0	01		NA
					01	NA
EXPIRATION OF OPERATOR CERTIFICATE	161022		0	01		NA
					01	NA
CLASS OF OPERATOR CERTIFICATE	A		0	01		NA
					01	NA

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		1/6/05/17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		1/6/05/17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: APRIL 2016

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
409399	1261933	4/26/2016	Grosenbacher Rd	2380	46,800	Debris	Unstopped Main	5.20	0.32	Drainage Culvert	Cleanup Is In Progress
409171	1258037	4/23/2016	Old Prue Rd	10419	1,800	Grease	Unstopped Main	0.58	0.08	Stormdrain - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
	1252162	4/18/2016	Yolanda	103	18,050	I/I	Diluted By Heavy Rainwater	5.52	0.00	Drainage Culvert	Monitored Area
407691	1240726	4/7/2016	Autumn Park	7619	200	Grease	Unstopped Main	4.50	0.00	Drainage Culvert - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected.
407443	1237056	4/4/2016	Bandera Rd	9603	41,500	Debris	Unstopped Main	2.33	1.12	Drainage Culvert - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	5			Total Gallons:	108,350		Average Duration:	3.63	0.30	Average Response	

Wednesday, May 04, 2016

Note: Comments reflect status reported on the 5-Day report

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	*****	6.3	*****	*****	*****	0	Daily	GRAB
Effluent Gross	*****	*****	*****	5	*****	*****	*****	0	Daily	GRAB
pH	*****	*****	*****	6.6	*****	*****	*****	0	Daily	GRAB
Effluent Gross	*****	*****	*****	6	*****	*****	*****	0	Daily	GRAB
Solids, total suspended	*****	*****	*****	1.14	*****	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	*****	*****	*****	0.51	*****	*****	*****	0	Daily	COMPOS
Chloride [as Cl]	*****	*****	*****	144	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	*****	166	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	40972	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: [Signature] TELEPHONE: 2102333239 DATE: 5/17/2016

PARVIZ CHAVOL, SR. DIRECTOR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature] TELEPHONE: 2102333239 DATE: 5/17/2016

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED T OATL OF BOTH OUTFALLS.

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

04/21/2016 Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	33	*****		*****		*****		0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	46	*****	MGD	*****		*****		0	Continuous	TOTALZ
Chlorine, total residual	*****	*****		*****		*****		0	Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	*****	*****		*****		*****		0	Daily	GRAB
Chlorine, total residual	*****	*****		*****		*****		0	Daily	GRAB
50060 B 0 Prior to Disinfection	*****	*****		*****		*****		0	Daily	GRAB
E. coli	*****	*****		*****	1	*****		0	Daily	GRAB
51040 I 0 Effluent Gross	*****	*****		*****	1.23	*****		0	Five per Week	GRAB
Solids, total dissolved	215989	*****		*****	126	*****		0	Five per Week	GRAB
70295 I 0 Effluent Gross	*****	*****		*****	719	*****		0	Daily	COMPOS
BOD, carbonaceous [5 day, 20 C]	613	*****		*****	719	*****		0	Daily	COMPOS
80082 I 0 Effluent Gross	2686	*****	lb/d	*****	2.0	*****		0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol, Sr. Director	TELEPHONE	2102333239	DATE	05/17/2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2-HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	MEASUREMENT	6.9	*****	*****	6.9	*****	*****	0	Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	6.8	*****	*****	6	*****	*****	0	Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	*****	*****	1.0	*****	*****	0	Daily	COMPOS
Effluent Gross	PERMIT REQUIREMENT	5755	*****	*****	15	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.2	*****	*****	0.26	*****	*****	0	Daily	COMPOS
Effluent Gross	PERMIT REQUIREMENT	767	*****	*****	2	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	*****	*****	1.6	*****	*****	0	Continuous	TOTALZ
Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	*****	*****	Reg. Mon. DAILY MX	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1111	*****	*****	0	Continuous	TOTALZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	*****	63889	*****	*****	0	Continuous	TOTALZ
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	2HR PEAK	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	1.0	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0	PERMIT REQUIREMENT	46	*****	*****	MGD	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Signature of Parviz Chavol, Sr. Director	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR		2102333239	05/17/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2-HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TONNAGE OF BOTH OUTFALLS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
50060 A 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
50060 B 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
51040 1 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
BOD, carbonaceous 15 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
80082 1 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR		2102333239	5/17/2016
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2-HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TREATMENT OF BOTH OUTFALLS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
COMBINED OUTFALLS 001 & 002
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Solids, total suspended	348	*****	*****	*****	*****	*****	0	Daily	COMPOS	
00530 J 0 Intermediate Treatment, Process	5755	*****	*****	*****	*****	*****	0	Daily	COMPOS	
Intermediate Treatment, Process	163	*****	*****	*****	*****	*****	0	Daily	COMPOS	
Nitrogen, ammonia total [as N]	767	*****	*****	*****	*****	*****	0	Daily	COMPOS	
00610 J 0 Intermediate Treatment, Process	36	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	51	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 I 0 Effluent Gross	40972	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 P 0 See Comments	63889	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	2HR PEAK	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	46	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
BOD, carbonaceous [5 day, 20 C]	616	*****	*****	*****	*****	*****	0	Daily	COMPOS	
80082 J 0 Intermediate Treatment, Process	2686	*****	*****	*****	*****	*****	0	Daily	COMPOS	
Intermediate Treatment, Process	DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	2102333239	05/11/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY
		2102333239 05/11/2016

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TREAT. OF BOTH OUTFALLS

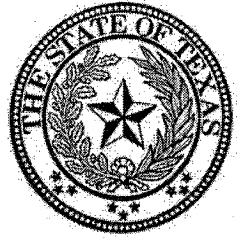
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-003	02	16	04	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900
 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED	PERMITTED	38	MGD	0 02	11	
500507128 FLOW ANN AVG	REPORTED	PERMITTED	36	MGD	0 02	11	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	DATE	0 01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01	NA	NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 16 05 16
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 05 17
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER 16 05 17

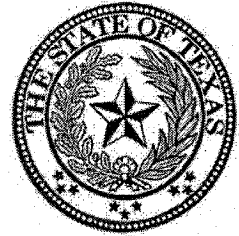
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-003	02	16	04	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			01	03
000085342 TRANSFER DAYS/MON	REPORTED	28	DAY	0	01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED	1.1	#/100 ML	0	11	03	
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	2.0	#/100 ML	0	11	03	
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	1.8	MGD	0	02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	3.0	MGD	0	02	11	
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10 12-prt-com
	PERMITTED	5.000			11	2/WEEK	03 GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED	0.73	NTU	0	08	1/Day	10 12-prt-com
	PERMITTED	3.000			11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01	NA	
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01	NA	
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01	NA	
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		16 05 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 05 17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

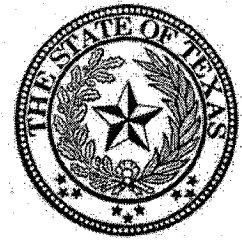
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-003	02	16	04	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC COLI DLY AVG	REPORTED						
	PERMITTED		200.000		14 1/WEEK	03	GRABPKLOAD
316164030 FEC COLI IND GRAB	REPORTED						
	PERMITTED		800.000		14 1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED		15.000		14 1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	0	01		NA
	PERMITTED				01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	0	01		NA
	PERMITTED				01 01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	0	01		NA
	PERMITTED				01 01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		16 05 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director		16 05 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

W/O #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
Total Events:					Total Gallons:	Average Duration:		Average Response			

Wednesday, May 04, 2016

Note: Comments reflect status reported on the 5-Day report

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	7.2	*****	*****	*****	0		
00300 1 0	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	mg/L	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	*****		0		
00400 1 0	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	MINIMUM	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****	MAXIMUM	0	Daily	GRAB
Solids, total suspended	PERMIT MEASUREMENT	*****	*****	*****	46	*****	*****		0		
00530 1 0	PERMIT MEASUREMENT	*****	*****	*****	2002	*****	*****	lb/d	0	Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	29	*****	*****		0		
Nitrogen, ammonia total [as N]	PERMIT MEASUREMENT	*****	*****	*****	267	*****	*****	lb/d	0	Daily	COMPOS
00610 1 0	PERMIT MEASUREMENT	*****	*****	*****	5.4	*****	*****		0		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	*****		0		
50050 1 0	PERMIT MEASUREMENT	*****	*****	*****	8347	*****	*****	MGD	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	27778	*****	*****	gal/min	0	Continuous	TOTALZ
50050 P 0	PERMIT MEASUREMENT	*****	*****	*****	5.0	*****	*****	2HR PEAK	0		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	*****	MGD	0	Continuous	TOTALZ
50050 Y 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****		0		
Effluent Gross (Supplementary)	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****		0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **PARVIZ CHAVOL, SR. DIR.**

TELEPHONE: 2102333239 DATE: 05/11/2016

AREA CODE: 210 NUMBER: 2333239

PERMITTEE SIGNATURE: *[Signature]*

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE: *[Signature]*

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
E. coli	*****	*****	*****	*****	1.8	CFU/100 mL	0	Daily	GRAB	
51040 1 0 Effluent Gross	*****	*****	*****	*****	126	DAILY AV	399	DAILY MX		
BOD, carbonaceous [5 day, 20 C]	90	*****	*****	*****	2.0	DAILY AV	2.0	DAILY MX		
80082 1 0 Effluent Gross	93.4	*****	*****	*****	7	DAILY AV	20	DAILY MX		
					lb/d				mg/L	
								Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and contain true and accurate information, based on my knowledge and belief, true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.				21023333239	5/17/2016
TYPED OR PRINTED				AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

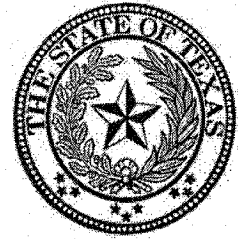
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	01	16	04	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED		7.7	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		7.4	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here).*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE		
	Daniel Rodriguez Manager-Prod & Treat Ops		16	05	16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
210 233 3239	Parviz Chavol Senior Director		16	05	17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO. DAY

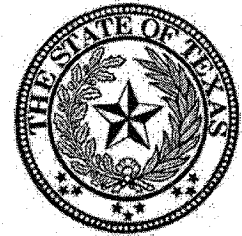
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT

PAGE 1



SAN ANTONIO WATER SYSTEM
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	01	16	04	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	NO.	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		27	DAY	0	01	01	
	PERMITTED					01	01	NA
316164024 FEC COLI DLY AVG	REPORTED		3.2	#/100 ML	0	11	03	
	PERMITTED		20.000			11	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		15	#/100 ML	0	11	03	
	PERMITTED		75.000			11	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		2.5	MGD	0	02	11	
	PERMITTED					02	11	CONT
500507128 FLOW ANN AVG	REPORTED		2.4	MGD	0	02	11	
	PERMITTED					02	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0	08	10	12-prt-com
	PERMITTED		5.000			11	03	GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		0.72	NTU	0	08	10	12-prt-com
	PERMITTED		3.000			11	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01	NA	
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0	01	NA	
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01	NA	
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		11/6/05/116
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/6/05/117
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

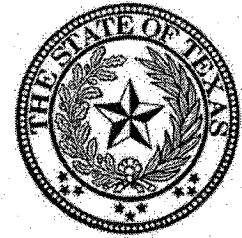
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	02	16	04	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01		01
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000			14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000			14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000			14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		16 05 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 05 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

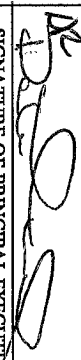
Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE WWTP
LOCATION: 10762 PLEASANTON RD
SAN ANTONIO, TX 78212
ATTN: PARVIZ CHAVOL, SR, DIRECTOR

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 78221
MINOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	MO MIN	*****	*****			
BOD, 5- day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00310 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY AV	SINGGRAB			
pH	PERMIT REQUIREMENT	*****	*****	*****	6	*****	9		Monthly	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	90	*****		Daily	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	INSTAN
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
E. coli	PERMIT REQUIREMENT	*****	*****	*****	*****	126	399		Monthly	GRAB
51040 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	SINGGRAB			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted, based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR			21023333239	5/17/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING SHALL OCCUR WHEN DISCHARGES,
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM TH ELEON CREEK WRC.

NO DISCHARGE